L18000201911

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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2021 OCT 18 AM I2: 26 SECRETARY OF SHAPE TALLAHASSEEL FOR

COVER LETTER

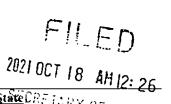
TO: Amendment Section Division of Corporations .

1 . T.

| NAME OF CORPO | PRATION: HELIX ENTERPR | IISES LLC | | | |
|--|---|--|--|--|--|
| | IBER: 1.18000201911 | | | | |
| The enclosed Article | s of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corr | espondence concerning this ma | tter to the following: | | | |
| | TIANXIAO LIU | | | | |
| | Name of Contact Person | | | | |
| | HELIX ENTERPRISES LLC | | | | |
| | Firm/ Company | | | | |
| | 2150 N BAYSHORE DR. #2308 | | | | |
| | | Address | | | |
| | MIAMI, FL 33137 | | | | |
| | | City/ State and Zip Code | 2 | | |
| | TLIU@MOBURK.COM | | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further informati | on concerning this matter, plea | se call: | | | |
| TIANXIAO LIU | | at (| 8091742 | | |
| Namo | of Contact Person | Area Code & Daytime Telephone Number | | | |
| Enclosed is a check t | for the following amount made | payable to the Florida Depa | artment of State: | | |
| \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Mailing Address | | | Address | | |
| Amendment Section Division of Corporations | | Amendment Section Division of Corporations | | | |
| | J. Box 6327 | The Centre of Tallahassee | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



HELIX ENTERPRISES LLC

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

| (Name of Corporation as curren | itly filed with the Florida Dept. of State CRETARY OF COLD | | |
|---|---|--|--|
| L18000201911 | TALL AHADSEET IS TO | | |
| (Document Number | of Corporation (if known) | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation: | s Florida Profit Corporation adopts the following amendment(s) to | | |
| A. If amending name, enter the new name of the corporation: | 771 | | |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A. | A professional corporation name must contain the word | | |
| B. Enter new principal office address, if applicable: | 2150 N BAYSHORE DR | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | #2308 | | |
| | MIAMI, FL 33137 | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2150 N BAYSHORE DR | | |
| | #2308 | | |
| | MIAMI, FL 33137 | | |
| D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre | | | |
| Name of New Registered Agent | | | |
| (Florida : | street address; | | |
| New Registered Office Address: | (City) , Florida(Zip Code) | | |
| | (e.g.) | | |
| New Registered Agent's Signature, if changing Registered Age. I hereby accept the appointment as registered agent. I am familia. | | | |
| | | | |
| Signature of New | Registered Agent, if changing | | |
| | | | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer. Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | PT | John Do | <u>e</u> | |
|----------------------------|-----------|-------------|-------------|-----------------|
| X Remove | <u>V</u> | Mike Jo | | |
| | | | | |
| X Add | <u>SV</u> | Sally Sn | <u>nith</u> | |
| Type of Action (Check One) | Title | | Name | <u>Addres</u> s |
| 1) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | - | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| L. If amending or adding additional Article (Attach additional sheets, if necessary). | (Be specific) |
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| If an amendment provides for an exch | hange, reclassification, or cancellation of issued shares. |
| provisions for implementing the ame | endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| | |
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| |) adoption: | , if other than the |
|--|--|-----------------------------------|
| date this document was signed. | | |
| Effective date <u>if applicable</u> : _ | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in the document's effective date on the | s block does not meet the applicable statutory filing requirements, th Department of State's records. | is date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ■ The amendment(s) was/were action was not required. | adopted by the incorporators, or board of directors without shareholder | action and shareholder |
| ☐ The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendnes sufficient for approval. | nent(s) |
| | approved by the shareholders through voting groups. The following sta- for each voting group entitled to vote separately on the amendment(s): | itement |
| "The number of votes of | ast for the amendment(s) was/were sufficient for approval | |
| by | | |
| , | (voting group) | |
| 10/01/20 Dated |)21 | |
| sele | a director, president or other officer – if directors or officers have not be cted, by an incorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary) | |
| | TIANXIAO LIU | |
| z_{i}^{T} | (Typed or printed name of person signing) | |
| •• | PRESIDENT | |
| | (Title of person signing) | |